Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006

| X | Applicant claims small entity status. See 37 CFR 1.27 |

| TOTAL AMOUNT OF PAYMENT | ($) 455.00 |

Complete if Known

|	
Application Number	09/825,533-Conf. #9781
Filing Date	April 2, 2001
First Named Inventor	Michael R. HUFFORD
Examiner Name	M. A. Gottschalk
Art Unit	3694
Attorney Docket No.	IVQ-002RCE

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account   Deposit Account Number: 12-0080   Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims		Fee ($)		Fee Paid ($)
_____	- 20 =	_____	x	_____	=	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims		Extra Claims		Fee ($)		Fee Paid ($)
_____	- 3 =	_____	x	_____	=	_____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee ($)	Fee Paid ($)
_____	_____
_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee ($)		Fee Paid ($)
_____	- 100 =	_____	/50	_____ (round up to a whole number)	x	_____	=	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...	395.00
2251 Extension for response within first month	60.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent) 51,146	Telephone	(617) 227-7400
Name (Print/Type)	James M. McKenzie, Esq.		Date	January 5, 2007
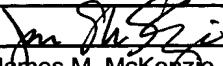
Express Mail Label No. EV 957 642 531 US   Dated: January 5, 2007

Docket No.: **IVQ-002RCE**
(PATENT)
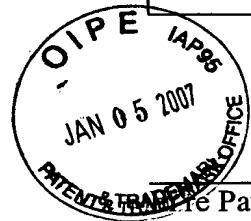
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Michael R. Hufford *et al.*

Application No.: 09/825,533	Confirmation No.: 9781
Filed: April 2, 2001	Art Unit: 3694
For: SYSTEM FOR CLINICAL TRAIL SUBJECT COMPLIANCE	Examiner: M. A. Gottschalk

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the Attorney Docket Number for this application should now be as follows:

IVQ-002RCE

Please reference **IVQ-002RCE** on all future correspondence.

Dated: January 5, 2007

Respectfully submitted,
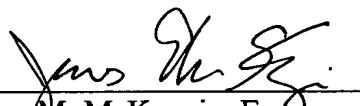
By_____
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